SCALING CHANGE

HEALTH PROFESSIONS PATHWAYS (H2P) CONSORTIUM

Reforming Health Professions Education through a Network of Strategic Multi-level Partnerships

The spotlight on community colleges has never shown brighter. The nation has made an unprecedented investment in community colleges to simultaneously increase college completion and stimulate economic recovery. Their comprehensive curriculum includes programs of study that enable students to find and retain employment and to continue their postsecondary education through transfer to the baccalaureate degree. With their historic open-access mission, community colleges are seen as an engine of opportunity to support unemployed and underemployed, low-income, first-generation, and other underserved students to secure employment during and subsequent to the Great Recession.

Several federal grants prioritized the role of community colleges in education and training in recent years, and one of the most substantial investments was the Trade Adjustment Act Community College and Career Training (TAACCCT) program of the United States Department of Labor (DOL). Beginning October 2011, these $2 billion capacity-building grants funded community colleges and their workforce and employer partners to prepare individuals for family living-wage employment that would in turn, provide skilled workers for industry sectors needed to recover and grow the economy.

> **Transformative Change** means raising individual, program, organization, and system performance to unprecedented levels without sacrificing the historic commitment of community colleges to access, equity, and opportunity. (Bragg et al., 2014)

Recognizing the potential importance of TAACCCT to community college education, the Transformative Change Initiative (TCI) was funded by multiple foundations -- the Bill & Melinda Gates Foundation, the Joyce Foundation, and Lumina Foundation -- to research and translate lessons learned about sustaining and scaling change in the context of the community college. Our project hypothesized that change could happen in a multitude of places and ways and that careful documentation of change would be needed to capture the collective learning of community colleges under TAACCCT. We anticipated that programs and strategies would change as required by the grant, but so would partnerships, policies, processes, and practices that align with and support those programs and strategies. Some change would be short-term to administer the grant, but some may last for many years. Relative to TCI, our interest was in long-term change that had the potential to improve performance and result in more equitable outcomes for diverse student groups. Our vision of transformative change is not so much about implementing something brand new and innovative, though we see nothing wrong in this, but rather, about the potential for whatever is being changed to improve results for the increasingly diverse students who seek the opportunity to learn in the community college.

How is transformative change scaled? It occurs through spreading change through an iterative process of sharing, adopting, and adapting. Scaling is also about ensuring that change endures because it is embedded in the core functions of the organization (Century, 2007; Schorr, 2012). The concept of endurance also suggests that change is not abandoned when a grant ends or when staff turn over, but is supported and sustained for the period of time that is necessary to meet students' needs. Scaling is purposeful and strategic such that goals, functions, and results are changed and improved in fundamental ways, and those impacted by the change, such as the students who enroll in community colleges, experience verifiable benefits.

> "The TAACCCT program provides capacity-building grants to spur innovation and the development of model training programs at America's community colleges and universities."
>
> (TAACCCT Round Four Solicitation, 2014, p. 3)

TRANSFORMATIVE CHANGE INITIATIVE

Context

Scaling change in the community college context means outcomes are improved at the same time access is sustained or increased. This is the historic commitment of community colleges to provide an open door that allows outcomes to be achieved by the most diverse group of learners in higher education. Transformative change means raising performance on all levels -- student, program, institution, and system -- to unprecedented levels, with the goal of continuously improving outcomes to close gaps in results among student subgroups. This goal is important for many reasons not the least of which is to reconcile the growing chasm between the haves and have-nots in our country (Martel, 2013). Without deliberate efforts by institutions like community colleges that have a historical commitment to social justice, it may not be possible to close these gaps, and in fact, the gaps may grow. Ultimately, recognizing that change is needed and that community colleges may be part of the solution, as envisioned in new federal investments, we sought to tell the story of how transformative change is being scaled by community colleges.

This brief is one in a series of five briefs that tell the story of how scaling and sustainability have happened under TAACCCT. The Health Professions Pathways Consortium (H2P) is one of 23 Round One consortia, and we highlight H2P because the colleges within the Consortium have demonstrated success in scaling and sustaining change. In this brief, the story is told of what mattered most in the Consortium's efforts to sustain and scale transformative change.

H2P Consortium

The Consortium was formed in the wake of unprecedented growth in the demand for healthcare professionals (Carnevale, Smith, Gulish, & Beach, 2012). Anticipating shortages in most health professions, community colleges looked for innovative strategies to increase the number of qualified graduates (Carnevale et al., 2012; Crowley, 2010; Melillo, Dowling, Abdallah, Findeisen, & Knight, 2013). The formation of H2P also corresponded to the passage and implementation of the Patient Protection and Affordable Care Act, commonly referred to as the Affordable Care Act (ACA) or Obamacare that was signed into law on March 23, 2010. The ACA had three primary aims: 1) improved access to health care, especially for uninsured individuals; 2) improved healthcare outcomes; and 3) reduced costs of care (Rudnicki et al., 2016).

As H2P was being formed, the full implications for the healthcare industry of the passage of the ACA were unknown. However, it was anticipated that ACA would be a catalyst for transformation within healthcare practice. This was a combination of anticipated changes in costs, billing, and an influx of newly insured individuals. It was projected that by 2019, as many as 32 million additional Americans would have insurance coverage (Geyman, 2015). There was also a growing awareness of relationships between utilization of healthcare, patient outcomes, and the diversity of health professionals at healthcare institutions (Crowley, 2010; Chevannes, 2002; U.S. Commission on Civil Rights, 2010; Williams et al., 2014), that fostered efforts to build a more diverse body of health professionals. These

Timeline	
October 2011	Received $19.6M grant
January 2013	Clinton Initiative commitment accepted
November 2013	Charter Signing: HCGLA
March 2014	KCTCS Summit on Core Curriculum
May 2014	Convened first Consortium summit
January 2014	Minnesota adopts a healthcare core curriculum
July 2015	Convened second Consortium summit
January 2016	Kentucky Health Career Center opens
April 2016	HPN and H2P leadership submit revisions to 2011 Allied Health Competency Model to DOL and recommended name change is accepted
April 2016	White House and Hope Street Group announce National Health Care Pathway initiative for select communities based upon H2P work

efforts have primarily focused on improving educational equity in health professions education (Blagg & Blagg, 2008). As a result, many community colleges have integrated strategies intended to improve educational equity, as part of larger initiatives that are focused on increasing the number of graduates from their health professions programs of study (Blagg & Blagg, 2008; Smedley, Butler, & Bristow, 2004).

There were three additional factors that leadership within health professions education were recognizing at the time of H2P formation. First there was a notable disconnect between the perceptions of college faculty, administration, and employers as to the quality of preparedness of graduates of health profession program of study (Krismer & Fox, 2015). Second, incremental changes to health professions education would not be sufficient to meet the growing demand for high quality health professionals. And finally, disciplinary silos restricted staff and faculty efforts to engage in interdisciplinary work, resulting in graduates who lack the knowledge and skills necessary to effectively collaborate as members of cross-disciplinary teams of health professionals (Fleming, 2014).

H2P was awarded a TAACCCT grant of $19.6 million for the period of October 1, 2011, through September 30, 2015. H2P was a consortium of nine community colleges across seven states that focused on educating health professionals.

What is the Change?

H2P was designed to effect change through a national reform movement of health professions education built on a participatory and cross-disciplinary collaboration of health professions educators and a network of multi-level partnerships. The Consortium implemented the following strategies aimed at reforming educational pathways:

a. Prepare students for the rigor of health professions studies through contextualized and integrated developmental education, and through healthcare occupations core curriculum coursework;

b. Build students' knowledge about the array of health professions occupations, and support their employment through cross-disciplinary coursework and career services;

c. Accelerate time to completion by enhancing prior learning assessment processes and awarding students credit for prior learning;

d. Streamline pathways to the labor market by building industry-recognized stackable credentials;

e. Provide students in entry level positions with incumbent worker training to prepare them for more advanced positions;

f. Provide a wide range of support services to improve student retention and completion (Bragg, Giani, Fox, Bishop, Bridges, 2015).

The implementation of these strategies provided H2P with the opportunity to implement and test innovative practices. Strategies were selected based on promising evidence from previous initiatives, within and outside of H2P. However, none of these strategies had been widely adopted within health professions education at community colleges. TAACCCT provided H2P the opportunity to test the impact, feasibility, and sustainability of these strategies across the varying contexts of the H2P colleges. The intent was to build models that were flexible across multiple settings, and to gather evidence base that could support scaling.

Scaling the Change

Central to H2P efforts to galvanize a national movement to reform health professions education was the Consortium's ability to develop an integrated network that included: 1) national industry, workforce agencies, and community-based organizations; 2) national healthcare associations; 3) state-wide healthcare education initiatives, 4) local and regional employers, workforce agencies, and community-based organizations; 5) regional healthcare associations and collaboratives; and 6) partner colleges.

National Industry, Workforce Agencies, and Community-based Organizations

These partnerships served to validate the need for reform within health professions education and to support necessary changes in policy and practice within the national context. Partners included the National Association of Workforce Boards (NAWB) and the Clinton Global Initiative (CGI). NAWB helped the Consortium navigate and build the stronger workforce partnerships necessary to support the Consortium's reform efforts. The CGI accepted a commitment from H2P in January of 2013 to scale the pathway innovations developed through their TAACCCT project to over 100 community colleges by 2017. CGI's recognition brought national attention to the movement. In addition to establishing individual partnerships at the national level, H2P worked with their National Advisory Council that included 25 representatives from state community college systems, healthcare provider systems, healthcare educational associations, private foundations, workforce boards and agencies, and accrediting agencies.

National Healthcare Associations

The partnerships developed between the H2P Consortium and national healthcare associations supported H2P's efforts to galvanize a national movement by providing opportunities for discourse and collaboration within a community of educators in health professions, industry representatives, and employers. Two examples of key partnerships that H2P built were with the National Network of Health Career Programs in Two-Year Colleges (NN2) and the Health Professions Network (HPN). These partnerships provided H2P with a communication channel that supported their ongoing partnerships and helped them facilitate relationships with colleges interested in adopting H2P's pathway innovations. HPN and H2P are working with employers and industry associations to implement healthcare pathway models. They have just completed a revision to the 2011 Allied Health Competency Model for the United States Department of Labor. NN2 has adopted the Community of Practice Model implemented by H2P and is continuing to scale the work to community colleges nationally. They will continue to host a day-long Health Care Pathways Institute every year prior to their annual meeting.

Statewide Healthcare Education Initiatives

States having community colleges that were members of the H2P Consortium built on lessons learned through H2P to scale innovation. For example, the Kentucky Community and Technical College System (KCTCS), comprised of 17 community colleges, adopted seven new core curriculum courses based on H2P foundational work. The Kentucky colleges also developed programs that integrate these college courses into adult general education programs. In Minnesota, H2P worked with HealthForce Minnesota and the Minnesota System of State Colleges and Universities (MNSCU) to develop a competency-based core curriculum that can be taught at the high school or college level. This modularized curriculum provides a total of four semester credits and uses a train-the-trainer model that can be accessed as a course through Anoka Ramsey Community College Workforce Development to ensure consistency and quality of instruction. This course is being adopted by the Health Careers Collaborative of Greater Cincinnati and has the potential to provide basic healthcare competencies to workforce communities throughout the country.

Local and Regional Employers, Workforce Agencies, and Community-based Organizations

H2P colleges engaged with local and regional workforce partners, employer partners, and community-based partners to develop, align, and employ strategies and program of study to support transformative change. In total, H2P colleges reported 246 key local and regional partnerships that played active roles in supporting H2P's TAACCCT-funded strategies and programs of study. Whereas many of these relationships pre-existed H2P, 60 of them were newly

developed as part of their TAACCCT-funded activities. Further, the depth of existing partnerships were enhanced to involve new and expanded roles and improved engagement and collaboration in building equitable pathways to health professions. H2P colleges identified hiring qualified participants as the most common role of partners, followed by identifying industry workforce needs and being a clinical affiliate for student learning.

Regional Healthcare Associations and Collaboratives

H2P colleges engaged with regional healthcare associations and collaboratives that supported regional advancements in health professions education reform through collaborative partnerships between health industry employers and educators. Regional partners contributed to curricula development and alignment, identified regional labor market trends and emerging markets, and assisted with program development and participant referrals. Examples of regional partners include Dallas County Community College District Health Care Resource Center, Health Careers Collaborative of Greater Cincinnati, HealthForce Minnesota, Minnesota Alliance for Nursing Education, and Health Careers Collaborative of the Greater Louisville Area.

Partner Colleges

The Consortium used a peer network model to build the network of colleges committed to reforming health professions pathways. While the opportunity to partner was open to any college willing to adopt and adapt the H2P pathway innovations, the Consortium intentionally recruited diverse groups that varied in location, program size, program type, and the number of credentials awarded. Examples

Health Careers Collaborative of the Greater Louisville Area

Prior to receiving H2P funding, the Jefferson Community and Technical College (JCTC) administration and faculty were confident about their reputation for training quality health professionals, but they were concerned that the existing models for employer input were not sufficiently aligned with the region's labor market. Signs of misalignment included competition over graduates from some programs and inconsistent employment outcomes for graduates in other programs.

JCTC used the H2P grant to adopt a regional, employer-driven collaborative model patterned after the Health Careers Collaborative of Greater Cincinnati (HCCGC), facilitated by Cincinnati State Technical and Community College and the Southwest Ohio Region Workforce Investment Board. Under the mentorship of these institutions, JCTC facilitated the development of the Health Careers Collaborative of the Greater Louisville Area (HCCGL). Over an 11-month period beginning early in 2013, JCTC engaged partners in drafting a vision and mission for the collaborative. In November 2013, 28 partners from the greater Louisville area signed the HCCGL charter; leadership of the group was shared between representatives from two employer partners. The HCCGL fosters a collaborative approach to identifying labor market needs, target populations, emerging trends, and pathways for incumbent workers, as well as entry-level employees.

HCCGL created a pathway for low-skilled workers to enter the healthcare professions, and they solicited resources to open the Kentucky Health Career Center (KHCC) in October of 2015. Its purpose is to provide a centralized and welcoming location where anyone interested in a career in healthcare can receive personalized support and guidance including skill assessments, health careers education, and information about regional educational and employment opportunities.

Having benefited from the adoption of an existing model and the mentorship of the Cincinnati Collaborative, healthcare industry leaders in Louisville have committed to disseminating what they learned to local, state, and national audiences. Presentations have reached a wide range of audiences, including those interested in general pathway initiatives and healthcare-specific initiatives.

include Grand Rapids Community College, Ivy Tech Community College, Laredo Community College, and San Juan College. H2P had secured written commitments from 25 partner colleges by December 31, 2015 (Bragg et al., 2015). In addition, colleges participating in other TAACCCT consortia have adopted and adapted some of the Consortium's innovations. One key example of is the Los Angeles Healthcare Competencies to Careers Consortium, a round three TAACCCT recipient, who are adopting and adapting the H2P Health Occupations Core Curriculum.

Lessons Learned about Scaling Change

Addressing Equity Gaps

The Consortium sought to enroll underserved populations through its implementation of pathway innovations. As part of the Consortium's sustainability efforts, each H2P college participated in the Pathways to Results (PTR) process that involves analysis of disaggregated data on student outcomes to identify and resolve equity gaps (Bragg, Bennett, & McCambly, 2016). Through PTR, H2P colleges formed teams that took steps to improve equity and outcomes for their students in at least one program of study. In order to allow colleges to learn from each other's PTR projects, each team presented a poster session at the 2015 H2P Summit (Fox & Bragg, 2015).

On-ramps for Underserved Student Populations

H2P colleges used different strategies to engage low-skilled workers and provide them with entry level credentials for health professions pathways. Several colleges saw the expansion and development of incumbent worker programs as a strategic means of engaging interested low-skilled individuals who were not working in healthcare and others who were but were interested in earning more wages or preparing for another occupation at the institution. They cited examples of training employees who were employed in food service, custodial services, nursing assistants, and other entry-level positions.

One example of a partner supported on-ramp was created between El Centro College (ECC) and Sharing Life Community Outreach (SLCO), a faith-based, community-based organization that assists low-income individuals in obtaining the basic necessities of life. They partnered to engage interested SLCO clients in improving their employment prospects through a customized nursing assistant program (Office of Community College Research and Leadership, 2015). ECC leaders reported that certified nursing assistants were making on average 1.5 times that of non-certified nursing assistants, despite performing similar job duties. Additionally, they reported that employers favored hiring certified nursing assistants, so there were less employment opportunities for non-certified nursing assistants and their employment was less stable.

ECC developed and staffed a Nurse Aide Certificate Program on-site at SLCO in Mesquite, Texas, targeted towards current non-certified nursing assistants. ECC described the target population as largely comprised of low-income, single, Latino mothers, with limited or no college experience. ECC provided a Recruitment Specialist who offered academic support and advising for participants who also received a variety of support services, including covering costs of

immunizations, background checks, and drug screening from SLCO. Building on the success of the early cohorts, ECC expanded the programs offered at Sharing Life to include EKG and Phlebotomy. Students who earned CNA, EKG, and Phlebotomy credentials possessed the labor market skills to qualify for higher paying positions than those with the CNA only. In August of 2016, ECC and SLCO secured funding through the United Way of Metropolitan Dallas to sustain these programs.

Design for Spread and Endurance

Equally important, the expectation and planning for sustainability and scaling were integrated throughout the H2P technical proposal and remained a central theme throughout the life of the grant. Time was dedicated at each Consortium meeting to discuss and plan for sustaining and scaling the pathways innovations that were successfully tested through the activities of the grant. This included both ongoing exchanges about the intentional integration of strategies into the practices and policies of the college, as well as each college writing and acting on a sustainability plan. The final H2P summit held in Cincinnati, July of 2015, focused on the colleges' reports on what pathway innovations each would sustain following the close of the grant, why the college was committed to sustaining the innovation, and how that innovation was integrated and adapted by the college. The summit provided an opportunity for the Consortium to integrate what was being learned through the third party evaluation, as well as reflect on the ongoing efforts to scale the national movement to reform healthcare professions education.

Adaptation Promotes Ongoing Learning

The pathway innovations tested by H2P were adopted from emerging innovations with promising evidence they could be applied and utilized across different colleges. Additionally, in the formation of the Consortium and the development of the technical proposal, potential consortium members and innovations were selected based upon the Consortium's ability to tap the expertise needed to implement the innovation in the diverse contexts represented among Consortium colleges. This included considering the size of the colleges, the populations served, the size of the health professions pathways within the colleges, and the colleges' willingness to implement all of the pathway strategies identified in the grant's technical proposal. There was early recognition that adaptation of each of the strategies was important, and as such, colleges were encouraged to adapt innovations to reflect their local political environment, student populations, resources, partnerships, etc. As a result, the adapted models varied, but served their unique contexts. This approach supported buy-in of diverse stakeholder groups and improved the potential to sustain the Consortium's pathway innovations.

Networking is Foundational

Partnerships were a central mechanism for implementing, sustaining, and scaling the innovations tested by H2P. The development and expansion of partnerships were mentioned 39 times in the proposal and reflected in the colleges' work under TAACCCT (H2P Consortium Proposal, 2011; Office of Community College Research and Leadership, 2015).

Partnerships and communities of practice were developed among the H2P colleges. Through these partnerships, the Consortium capitalized on the existing expertise at H2P colleges by using internal experts as mentors supporting development and implementation of the pathway innovations at H2P colleges (Office of Community College Research and Leadership, 2015).

The Consortium's director identified six factors that were key to building partnerships that support transformative change (Krismer, 2015). First, partners had a shared vision with mutual gain for all parties. Second, partners made a deliberate effort to authentically understand each potential partner. This included acknowledging their partners' goals and vision, as well as their partners' practices, policies, and the stakeholders groups. Third, partners openly collaborated to develop a shared vision and goals for the partnership. This process was ongoing, allowing the vision and goals to evolve to reflect the evolving partnership. Fourth, partners shared resources and ideas in support of their vision and goals. Fifth, the partner organizations included individuals who are willing to engage and sustain the work. These were individuals who will dedicate time to the communications and other activities necessary for the partnership to produce results, and they serve as champions of the partnership and its value. Lastly, she observed that strong partnerships were grounded in transparency and trust. This trust in turn, was supported by ongoing communication and a willingness to adapt over time.

Challenges to Scaling Change

H2P faced challenges with implementation and subsequently the scaling of pathway innovations, and this section discusses three of these challenges. First, early in the grant, a couple key partners did not provide the resources and supports H2P anticipated. Most notably, a technology vendor went out of business, and another was unable to provide deliverables on the established timeframe. As a result, gaps in expertise and resources necessary to use technology to engage and inform students, as well to implement a technology-based student tracking strategy emerged. Whereas the Consortium was able to redirect its efforts to a new vendor relationship, valuable time and momentum was lost at the start of the grant.

A second critical challenge was a lack of consensus on key strategies. The Consotium's commitment to local adaptation resulted in inconsistent implementation of the strategies across colleges. Competency-based core curriculum is a good example of a key strategy that demonstrated considerable variation, despite an initial expectation of consistency. Many things explain variation in implementation, including inadequate planning, delayed implementation, and even discontinuation. This inconsistency in implementation made it challenging to build a body of evidence that would support a national movement to reform healthcare curriculum. It did however, have the advantage of supporting peer-to-peer learning. Ultimately, the H2P colleges found ways to meet the intent of most TAACCCT-planned strategies, although the implementation sometime was notably different then originally intended. A notable example is contextualized developmental education. In this case, rather than developing stand-alone developmental education

courses as originally intended, several H2P colleges focused on the integration of developmental education into healthcare courses or they created tutoring and intensive "bootcamp" programs to help students avoid developmental coursework altogether.

A third critical challenge was the limited amount of information about the Consortium that was available online during the planning and implementation phases. Several H2P colleges created webpages to describe their role in H2P and links to grant-funded programs of study. The Office of Community College Research and Leadership (OCCRL) also maintained a webpage about the third-party evaluation throughout the grant (and to the present time). The Consortium's grant proposal was posted on the DOL website, and SkillsCommons.org housed many of the products that were created by H2P colleges. Additionally, through much of the grant period, H2P utilized the National Network of Health Career Programs in Two-Year Colleges (NN2) website to disseminate information about innovations, to highlight partner colleges, and to help recruit new partners. However, the Consortium's first dedicated website was launched after the grant ended in September 2015. The extent to which the timing of the website may have limited the Consortium's capacity to sustain and scale is unknown, but it is possible earlier dissemination of information may have had a positive impact.

Closing Reflections

Several practices were impacted by the Consortium's efforts to scale healthcare pathway innovations. First, the Consortium's efforts to create a national movement required the development of partnerships to support scaling from the time the grant was awarded. Second, the Consortium's use of communities of practice allowed for strategic implementation of pathways, programs, and practices that relate to outcomes. Third, the strategic use of partnerships expanded the capacity and influence of the Consortium, creating opportunities for growth and providing validation for innovations supported by the grant. In the end, these partnerships may be some of the most lasting and notable impacts of the Consortium's work. Finally, the Consortium's efforts to integrate strategies into existing practices and processes appears to be a critical factor in regards to sustainability. Strategies that the H2P colleges were unable to integrate into institutional practices and processes – that were always viewed as grant-funded only – were often not sustained.

H2P set out to extend its impact beyond the nine colleges in the Consortium. Whereas it is too early to assess the impact of H2P on a national scale, the partnerships developed through this grant reflect a change in health profession pathways in the regions served by these nine colleges. In April 2016, the White House announced the Healthcare Career Pathways Initiative. This initiative is being led by the Hope Street Group and is based on the foundational work of the H2P Consortium. Thus far, seven communities have been chosen to create dynamic health career pathways to middle skill careers. The H2P Consortium director and leader of the third-party evaluation team serve on the Health Career Pathways advisory board to extend the opportunities to the new regions that have signed on to the national movement.

In closing, this new climate for healthcare pathway transformation means a change for employers, workforce partners, and community colleges. Due in part to the work of the H2P Consortium, the roadmap for reforming health professions education seems to be getting clearer. How influential the work of the H2P Consortium will be as time passes is unknown, but such a promising start is well worth following.

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COLLEGE OF EDUCATION AT ILLINOIS

Themes	Guiding Principle Statements	Your Experience
Transformative Leadership	Transformative change is scaled when "transformative leadership" is distributed, supported, and rewarded.	
Equity and Outcomes	Scaling transformative change requires a deep and abiding commitment to simultaneously improving equity and outcomes.	
Strategic Capacity Building	When organizational capacity for change is strategically planned, developed, and continuously implemented, transformative change is scaled.	
Policy Change	Systems, organizations, and individuals design and implement policy to guide, support, and scale transformative change.	
Partnerships and Networking	Individuals create and use partnerships and networks to access expertise, maximize resources, and form the backbone to drive and support transformative change.	
Data Utilization	Scaling of transformative change occurs when data collected through ongoing and responsive evaluation are used to change and grow impact.	
Intentional Communications	Transformative change happens when individuals with deep knowledge of change in their own settings communicate to help others adopt, adapt, and spread change.	